

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027476  
STATE FILE NUMBER  
6543

FILED JUL 18 1958		Registration District No. 318		Primary Registration District No. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				c. CITY OR TOWN Overland		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) 40 St. Louis Little Rock Hospital, Inc.				Length of stay in lb 4 days		d. STREET ADDRESS (If outside, give location) 27 8020 Washington Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Edward Marion Stevens				4. DATE OF DEATH Month Day Year June 28 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 18, 1911	
9. AGE (In years) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Information Clerk		11. BIRTHPLACE (City and state or country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME RONALD STEVENS				13b. MOTHER'S MAIDEN NAME ANN MOORE		14. NAME OF HUSBAND OR WIFE Loretta STEVENS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W.W.I.		16. SOCIAL SECURITY NO. 498-03-5289		17. INFORMANT Address 8020. LORETTA STEVENS WASHINGTON			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Chronic Nephritis DUE TO (c) 592X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from June 24, 58 to June, 28 58 and last saw her alive on JUNE 28 - 58 Death occurred at JUNE 28 2:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. Earl Smith, M.D.				22b. ADDRESS 1755 So Grand		22c. DATE SIGNED 6-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/1/58		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) ST LOUIS MO	
24. FUNERAL DIRECTOR Ortmann Mortuary - 9222 Jackland Ave.				25. DATE RECD. BY LOCAL REG. JUN 30 58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

OVERLAND MO

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Al C. Dettmann .....

Licensed Embalmer No. 3478 .....

P. O. Address Overland 147 .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.